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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant(s):** Doemling et al.

**Art Unit:** 2183

**Serial No.:** 09/924,808

**Docket No.:** FYSX-0003

**Filing Date:** 08/08/2001

**Confirmation No.:** 2589

**Title:** CONTENT ENHANCEMENT  
SYSTEM AND METOD

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**STATUS INQUIRY**

Sir:

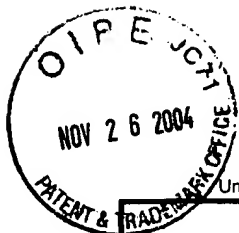
Applicants' representative respectfully requests the status of the above referenced patent application.

Respectfully submitted,

Date: November 22, 2004

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/924808
	Filing Date	Aug. 8, 2001
	First Named Inventor	Doemling et al.
	Art Unit	2183
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	FYSX-0003

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Acknowledgment Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael F. Hoffman - Reg. No. 40,019
Signature	
Date	November 22, 2004

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